

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007311

STATE FILE NUMBER

AMENDED

Registration District No. 345

Primary Registration District No. 3047

Registrar's No. 26

FILED FEB 26 1962

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Newton</b>                                 |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Neosho</b>   |  | Length of stay in 1b<br><b>2 days</b>  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Sale Memorial Hosp.</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                     |
| d. STREET ADDRESS<br><b>Rt. #3</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |
| 3. NAME OF DECEASED<br>(Type or print) <b>MYRTLE MARIE PEARSON</b>   |  | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>17</b> Year <b>1962</b>   |                                     |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>11/28/08</b> |
| 9. AGE (last birthday) <b>53</b>   |  | IF UNDER 1 YEAR IF UNDER 24 HR.<br>Months Days Hours Min.  |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Houseswife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housework</b>  |                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>Fordland, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                     |
| 13a. FATHER'S NAME<br><b>James Scott</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Peery</b>   |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><b>Roy Pearson</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                     |
| 16. INFORMANT<br><b>Roy Pearson</b>  |  | Address<br><b>Neosho, Mo. (Rt. #3)</b>   |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b><br>DUE TO (b) <b>Carcinoma of Lung</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH   |                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT, SUICIDE, HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                     |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>      |  |                                     |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br><b>Neosho, Missouri</b>  |                                     |
| 20g. COUNTY<br><b>Newton</b>   |  | 20h. STATE<br><b>Mo.</b>   |                                     |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ 4:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |                                     |
| 22a. SIGNATURE<br><b>E. Kenney MD</b>  |  | 22b. ADDRESS<br><b>Neosho, Missouri</b>  |                                     |
| 22c. DATE SIGNED<br><b>2-19-62</b>   |  | 22d. SIGNATURE<br><b>Malvin C. Bourman MD</b>  |                                     |
| 22e. ADDRESS<br><b>Neosho, Missouri</b>  |  | 22f. DATE SIGNED<br><b>2-19-62</b>   |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>2/19/62</b>  |                                     |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Neosho, Mo.</b>  |                                     |
| 23e. STATE<br><b>Mo.</b>   |  | 23f. DATE RECD. BY LOCAL REG.<br><b>2-19-62</b>  |                                     |
| 23g. REGISTRAR'S SIGNATURE<br><b>Malvin C. Bourman MD</b>  |  | 23h. ADDRESS<br><b>Neosho, Missouri</b>  |                                     |
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| 23m. SIGNATURE<br><b>Clark Funeral Home</b>  |  | 23n. ADDRESS<br><b>Neosho, Mo.</b>   |                                     |
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by H. Wayne Severs, Student Embalmer No. 630

working under my personal supervision.

Student

H. Wayne Severs  
Signature of Student Embalmer

Signed

Fred L. Clark

Licensed Embalmer No.

5056

P. O. Address

312 So. Wood  
Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.